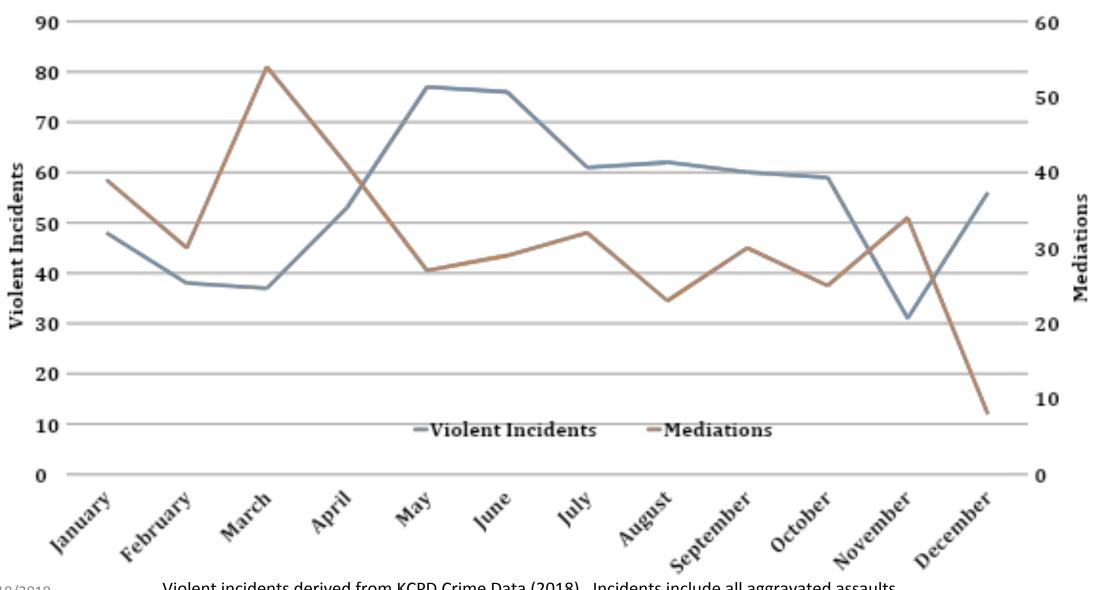
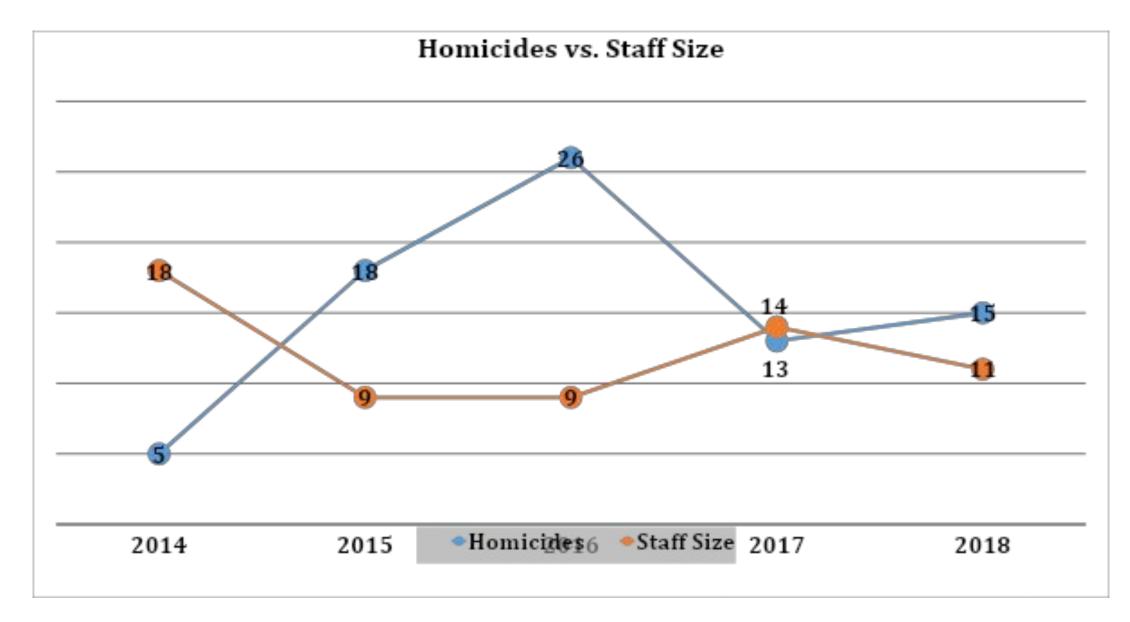
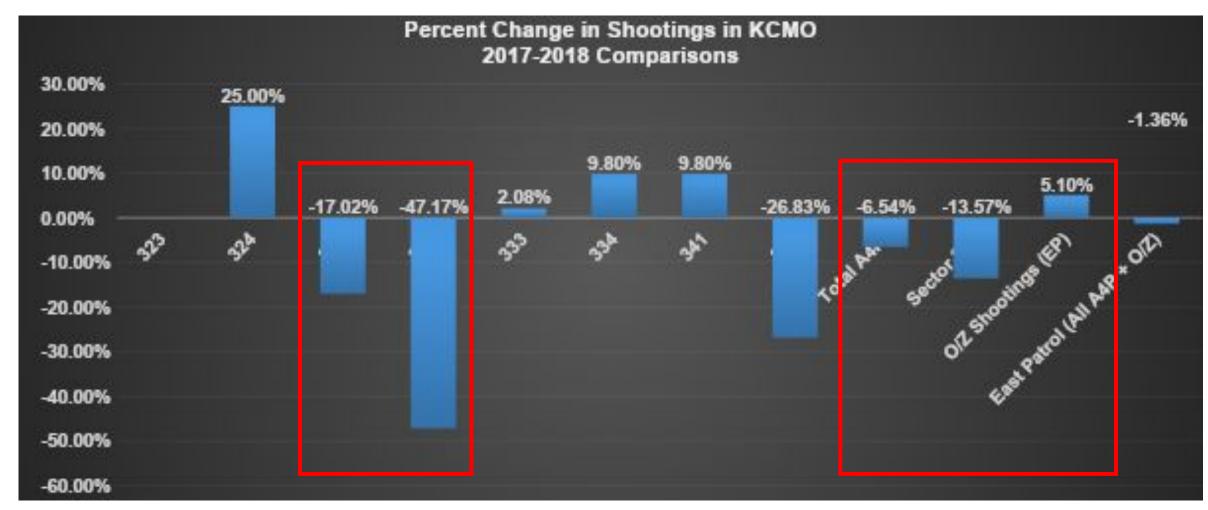
## Mediation Impacts (2018)







2018 data

Not verified by KU evaluators

Beats 331/332: KC Violence & Trauma Response Network implementation Sectors 320 & 340: OJJDP expansion grant ended in October 2018; staff pulled to support Hospital Unit, KCVTRN activities, school-based violence prevention, iRYSE activities

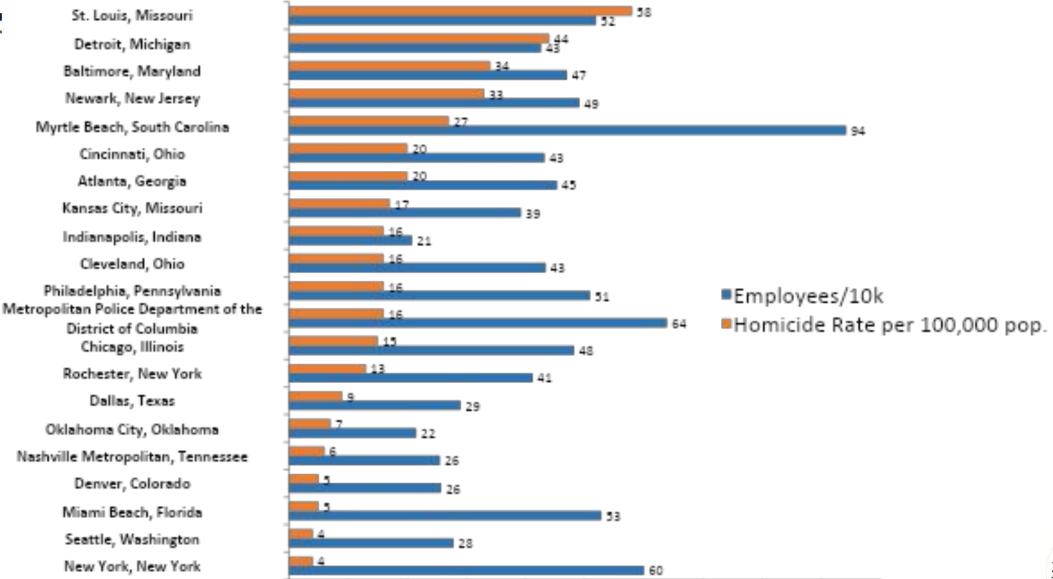
Total A4P & Sector 330 vs. Out of Zone shootings in EP:

- Showing overall reductions
- Beats where A4P isn't implemented in EP, an increase of shootings has occurred (5%)

# K

#### Homicide Rates/Police Dept. # of Employees/10k by Selected Cities, US. 2016

City of Kansas City, Missouri Health Department COMMUNITY ENGAGEMENT, POLICY, and ACCOUNTABILITY







#### Homicide Rates/Officers/10k by Selected Cities, US. 2016

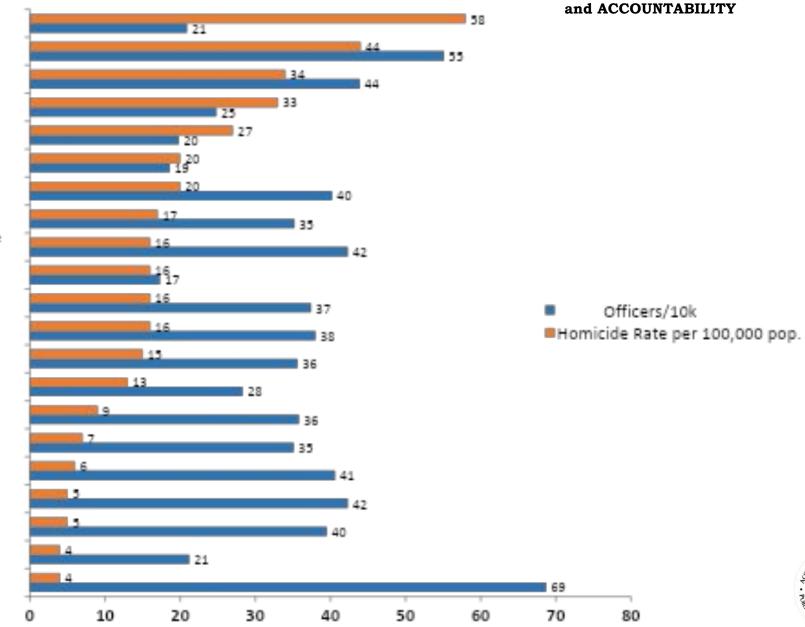
City of Kansas City, Missouri Health Department COMMUNITY ENGAGEMENT, POLICY, and ACCOUNTABILITY

Officers/10k

80



**Public Health** 

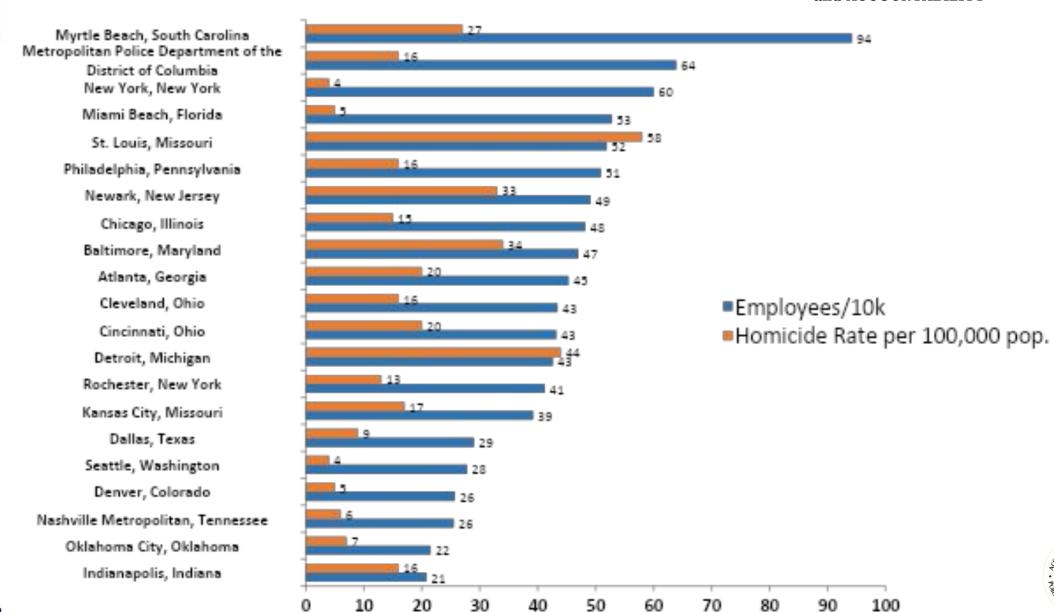






### Homicide Rates/Police Dept. Employees/10k by Selected Cities, US. 2016

City of Kansas City, Missouri Health Department COMMUNITY ENGAGEMENT, POLICY, and ACCOUNTABILITY







No intervention 3.87% (95% CI, 3.84, 3.90) victimization per year Implementing the violence interrupter intervention, Cure Violence/Aim4Peace/Public Health Approach, for ten years decreased victimization by 13% (to 3,35% [3.32, 3.39]

Hot-spots policing and doubling police force for ten years reduced annual victimization by about 11% (to 3.46, [3.42, 3.49]

Increasing police force by 40% combined with implementing the violence interrupter intervention for ten years decreased violence by 19% (to 3.13 [3.09, 3.16]

Conclusions: <u>Combined</u> investment in a public health, community based approach to violence prevention and a criminal justice approach focused on deterrence can achieve more to reduce population-level rates of urban violence than either can in isolation. Epidemiology Vol.29,